

# Zero-to-NEWS Three

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The Early Intervention Section of the State Department of Health provides developmental services for any eligible child from birth to three years of age in five areas: physical, cognitive, communication, social or emotional, and adaptive.

Services are available on all islands and there is no cost to families.

For more information, please contact our Hawaii Keiki Information Services System (HKISS) referral and information line at 973-9633 for Oahu and 1-800-235-5477 for Neighbor Islands.

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## Learning Differently

Myles Ulrich was doing well at every well-baby check-up. But Kathy Ulrich, his mother, became very concerned one evening as she helped Myles draw his bath. Kathy remembered being



impressed as she watched Myles place the bath stopper in the drain and turn on the water. After a time, the bath water got cold so Kathy urged Myles to add more warm water.

Myles stared back at her blankly and sat back down in the cold water to play. As Kathy describes it, "I could see him disconnect...and I thought...he doesn't understand me." Myles was about 15 months old and when Kathy's husband Daniel came home, she told him, "It's not a hearing problem—he just doesn't understand."

The couple watched Myles closely for the next two months. As Daniel puts it, "For me, as a physician with training in pediatrics and child psychiatry, I questioned whether some of the problems we were encountering with Myles were simply variants of the norm possibly related to his prematurity (Myles was born at 34 weeks). Thinking Myles would 'catch up' in his own time, I did not want to over diagnose but we both knew that something was not exactly right."

When Myles reached 19 months of age, Kathy called the Early Intervention Section (EIS). Myles was found significantly delayed—he was about a year behind in speech development.

"Your heart kind of drops," recalls Kathy. Adds Daniel, "I think recognizing that there were some developmental concerns with Myles, even without a specific "diagnosis", was an important first step for our family. We then focused on taking



action to see what services and supports in the community were available, hoping to partner with programs that had expertise with developmental delays. Knowing how important early intervention is, we wanted to be proactive and maximize Myles' potential in whatever ways possible."

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## EARLY INTERVENTION KAPOLEI

by Norman Kawakami,  
Easter Seals Hawaii

Easter Seals Hawaii will be providing early intervention services for the Kapolei, Ewa, Ewa Beach, Makakilo, and Ko Olina communities beginning in October 2003. This is a contracted program of the Early Intervention Section (EIS), Hawaii State Department of Health.

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## CHAIR'S MESSAGE

by Jennifer Schember-Lang

Recently, I spoke to a parent of a kindergarten age child with disabilities about the many issues confronted by the child and family. I wanted to learn



more about and understand mental health for infants and toddlers and their families. My research led me to the web site of the Zero to Three Policy

Center, a research-based, non-partisan organization "committed to promoting health development of the nation's infants and toddlers"

([www.zerotothree.org](http://www.zerotothree.org)). There I found a Fact Sheet (May 2003) entitled "Infant Mental Health."

"Infant mental health is the capacity of the child from birth to three to experience, regulate and express emotions, form close and secure interpersonal relationships, and explore

the environment and learn. *Infant mental health is synonymous with healthy social and emotional development.*" Social and emotional development is just as important as literacy and language skills in helping young children be ready for school.

The Fact Sheet indicates that babies and toddlers have a limited repertoire of responses to stress and trauma and that early mental health disorders might be reflected in physical symptoms (poor weight gain, slow growth, constipation), overall delayed development, inconsolable crying, sleep problems or in older toddlers, aggressive or impulsive behavior. Furthermore, infants and toddlers can have serious psychiatric disorders such as depression, attachment disorders, and traumatic stress disorders. These early mental health disorders may resemble conditions of later life including withdrawal, sleeplessness or lack of appetite due to depression, anxiety, and traumatic stress reactions.

Untreated infant mental health disorders may have long-term effects. A child who is not secure in relating to others, doesn't trust adults, is not motivated to learn, or who cannot calm themselves or be calmed enough to tune into teaching will not benefit from early educational experiences. The Fact Sheet cites an Illinois study, which found that many young children are expelled from preschool and child care for behavior problems. Without supports for these children and their parents, these problems will escalate.

Mental health services usually focus on the child and parents or caregivers and may be provided in a variety of settings including child care, Early Head Start, Part C programs, etc. The Fact Sheet concludes with a proposal to establish a national resource center for early intervention and infant mental health.

We can all support effective infant mental health intervention and approaches for parents and early intervention professionals--families deserve nothing less.



### JUST ASK MIKE

**Dear Mike: My child is almost 3 years old and very active kid. People suggest he is hyperactive or has ADD. What should we do?**

**--Exhausted Parent**

Dear Exhausted Parent,

Normal, healthy children often impress their parents and others as being hyperactive. A child's ability to concentrate for several minutes on an object or activity is usually more important than the energy level. By age 3, many children are able to engage in an interesting activity for several minutes. In a preschool setting, some children are able to sit and sing songs or listen to the teacher read a story. At home, a child may play with a favorite toy for 5 or more minutes, or listen to parents read a story.

Sometimes factors such as speech, hearing, or vision difficulties may contribute to attention problems. Minor problems in these areas can contribute to communication problems between the child and others. This can produce frustration, fidgetiness, and apparent attention difficulties. The development of language is important for children in understanding what adults expect and how to regulate their behavior in ways to meet these expectations. Children with subtle hearing problems may be perceived as not listening. Likewise, children with mild visual impairments may have trouble concentrating on an activity that requires focused visual attention.

**Rarely are children diagnosed with an attention deficit or hyperactivity disorder under the age of four or five.**

If there are no speech, hearing or vision difficulties but your child seems to have consistent difficulty focusing on one activity for more than a few minutes, listening and following simple

directions, remembering routines and rules, or demonstrates impulsive behaviors such as darting into the street, you might consider seeking a referral for a consultation or evaluation. Most children are in elementary school when a diagnosis is made. Rarely are children diagnosed with an attention deficit or hyperactivity disorder under the age of four or five. This is because the range of expected behaviors for young children is very wide and therefore the potential for misdiagnosis is greater. Nevertheless, a trained professional can offer behavioral strategies and recommendations to assist in parenting a highly active child.

If you are concerned and your child is already receiving Early Intervention (EI) services, talk with your EI Care Coordinator (CC). If your child is not receiving services, call the Hawaii Keiki Information Services System (H-KISS) at 973-9633 for Oahu and 1-800-235-5477 for Neighbor Islands. Another option is to discuss your concerns

(continued on page 4.)

*(Learn. Differently--cont. from page 1.)*

Myles started off with a speech therapist and soon thereafter was enrolled in the Sultan Easter Seals Early Intervention Services program—a private, nonprofit service provider of EIS. Easter Seals provided speech and language pathology as well as occupational therapy services. During the four months he was at Easter Seals, Myles was interacting and making more eye contact but his speech skills weren't progressing as expected.

"It was an important confirmation for us...the week we thought that there might be some other issues with Myles, they (Sultan Easter Seals) thought he should have a psychological evaluation. It was so amazing that we were all on the same page as far as his progress was concerned," comments Kathy.

Daniel explained, "Myles had a diagnosis of PDD, pervasive developmental disorder, which is an autism spectrum disorder. Specifically, Myles has challenges in three key developmental areas, speech and communication, social interactions and processing and regulating his responses to various environmental stimuli. While the diagnosis is helpful, giving a framework to understand Myles' condition and craft interventions, not all aspects of this condition apply to our son."

"He wouldn't play with children...he would just play near them," describes Kathy. "And he would not speak or engage with them, he would kind of babble around them...He didn't respond to his name,

he didn't know his name. He started to do 'ritualistic' kind of things. If you give typically developed children a (toy) car they most likely would scoot them around and go 'vroom, vroom'. With Myles, he wouldn't pretend play, he would turn it over, and spin the wheels of the car. Inappropriate play is what it's called. It's as if he were in a trance and he could do it until I redirected him. As he grew older we could see him picking up more inappropriate and strange habits."

### **"We now have specific, consistent strategies to help Myles..."**

An autism consultant and a skills trainer were brought in to work with Myles and his family. "We now have specific, consistent strategies to help Myles and our family cope with challenging areas and build new skills and strengths," points out Daniel. He continues, "These interventions have helped Myles transition into a mainstream pre-school setting, greatly improving his language and social skills. The training has also helped our family understand some of the difficult behaviors we sometimes encounter with Myles, giving us specific ideas on how to address these challenges rather than becoming frustrated or upset. Also the support and encouragement we've received, particularly when we do hit those rough spots, has been invaluable."

For example, Myles would not play on the equipment in the park if there were other children. As Kathy tells it, "Myles would run the entire perimeter of the park...he'd dash off and run until I physically stopped him. As long as he could keep his feet moving, he felt okay. We learned some routines to encourage appropriate play. We would make him play on the apparatus for 3 minutes and after the 3 minutes were up, then he could run around the park. After 2 or 3 visits using this time restraint, we increased his playing time on the apparatus to 5 minutes--until he reached a goal of 15 minutes of appropriate play time

without running away. He now plays for longer periods of time and does not run away. The strategy helped him refocus. He just learns different, that's all."

At home, they started the Picture Exchange Communications System (PECS) to work on Myles' communication skills. The Ulrich's took pictures of everything Myles liked and placed the pictures at Myle's eye level on the wall. Explains Kathy, "Myles would go to the refrigerator and put his hand on the handle. That would indicate that he wanted a drink. I would direct him to the PECS board and say 'get your picture.' He would then get the picture of juice and hand it to me. He loves exchanging things. I would get the juice, hold it to my mouth, say 'juice', then give him the juice in exchange for the picture. After 3 or 4 times he'd start to say 'juice'. Once he has the word, he doesn't need a picture and you can take it down and replace it with a word he doesn't have the language for."

Myles is now enrolled in a preschool program. A skills trainer accompanies him part of the day for support. The skills trainer helps Myles with his verbal and social skills as well as learn the routine of the program. Eventually the skills trainer will be phased out as Myles becomes more independent.

### **"He's made a lot of progress. "**

"He'll be three in January. He's made a lot of progress. He started from 19 months and now he's 31 months. When he started he had 6 words and in a year's time he has about 60. He can name many things in his environment and surroundings and has some independent speech to express himself. He comes to me in the morning and says, 'Mom, Wake Up!' He can express some independent thoughts and dialogue to let us know how he feels. He can definitely tell us what he does and doesn't want. He's functioning at about 24 months so he's some months behind on language but

*(continued on page 4.)*

## **Randy's World** by Randy Compton



*(Kapolei Site--cont. from page 1.)*

Easter Seals Hawaii has been providing early intervention services for over 25 years in Hawaii and is currently the state's largest *private* provider of services with three programs statewide: Sultan Early Intervention Program, Honolulu; Kauai Early Intervention Program, Lihue; and the Hilo Early Intervention Program.

The tremendous growth in population, jobs, and new families in the greater Kapolei/Ewa communities motivated the State's EIS to expand service provision in this area. Easter Seals will provide the full complement of coordinated services under a family-centered, transdisciplinary model in a natural environment setting. Center-based services will also be available as appropriate.

Although the Easter Seals facility will not be formally opening until some time in December 2003, they will begin providing services in October with the delivery of speech, occupational and physical therapies. Care coordination and special education services will

follow. The facility for the new program will be located in the Daiei Waipahu Annex Building located at 94-144 Farrington Highway, Waipahu, HI 96797.

Families transitioning from other programs will need to see their current care coordinator for the proper procedures. For questions about the new program, please contact Janice Shintani, Program Manager Easter Seals Kapolei/Ewa Early Intervention Program at 536-3764 after October 7, 2003.

## UPCOMING IN 2004



Look for the Early Intervention Section at the Keiki Resources Fair at the Neil Blaisdell Center! Fair dates are January 23, 24, 25.

*(Ask Mike--cont. from page 2.)*

with your pediatrician. Any of these individuals can assist you in obtaining an evaluation or screening for your child.

**(Mahalo to Mike** for all his contributions to our newsletter! Mike Compton is now a psychologist with the Hawaii Department of Education. We wish him well!)

*(Learn.Differently--cont. from page 3.)*

we're hoping when he turns three his speech will pick up," says Kathy.

Adds Daniel, "We strive to focus on the wonderful strengths Myles possesses and celebrate and encourage his unique and varied gifts and skills. We use Myles' strengths as a family to help improve some of the difficulties he faces in other areas...to focus our attention in helping him grow as a child. It is important to note that Myles is a unique, happy, inquisitive little boy who has unlimited possibilities and potential!"



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